



Texas Department of Health

Emergency Medical Services and Trauma Care System Account

FY02 - Policies

February 9, 2001

Section 1: GENERAL

Because of the complex nature of Emergency Medical Services (EMS) in Texas and the lack of statutory responsibility on the part of any geo-political entities to provide EMS to their population, the Bureau of Emergency Management (BEM) may grant an exception to any of these policies based on specific circumstances.

Funds will not be disbursed to counties or EMS providers that have not submitted their expenditure report from the previous year. Reports may be submitted up to August 31, 2001. Funding may not be available to counties or EMS providers if reports are received after that date.

Misstatement, falsification, or omission of any portion of an application, its eligibility requirements, and/or any resulting contractual requirements or reports for State funds may result in disqualification for funding in that year. Intentional efforts to do so will result in the requirement to return funds disbursed due to the false information, and suspension from future funding for up to three years.

Section 2: EMS and REGIONAL ADVISORY COUNCIL (RAC) ALLOTMENTS

2.1: Regional Registries

It is expected that RAC regional registries will submit at least the essential data set to the Texas Trauma Registry for each provider participating in these registries.

2.2: EMS Eligibility

In order to be eligible for funds, EMS providers must meet the eligibility requirements as follows:

1. Be a licensed EMS provider that provides emergency 911 or medically ordered emergency transfer services;
2. Upload at least six months of the required data set to the Texas Trauma Registry (may be via RAC Registry) between January 1, 2000 and June 30, 2001 (verified by the Texas Trauma Registry staff). It should be noted that **only** those runs recorded for calendar year 2000 will be used in the funding formula as this is the most recent, complete year of data available;
3. Meet the participation requirements for the appropriate RAC(s) (verified by each RAC). **Note: this includes participation in the RAC System Performance Improvement (PI) process;**
4. Submit an affidavit acknowledging use of current RAC prehospital triage and bypass protocols by August 1, 2001, **if one is not already on file with the Bureau of Emergency Management**. A new affidavit must be submitted at such time as the RAC protocols are revised, the service chief officer changes, or the service medical director changes; and
5. Submit an expenditure report to Texas Department of Health (TDH) by August 1, 2001, on the previous year's funding. The report must include the total amount received, an itemized accounting of how funds were spent, and copies of receipts from all purchases. The EMS provider must file their report through the entity contracting with TDH for the funds (i.e. RAC or county judge).

Note: If any EMS provider is seeking funds in a county other than their county of provider license, it is that provider's responsibility to contact TDH to assure their eligibility in all counties.

2.3 RAC Eligibility

To be eligible for funds, RAC must meet the following eligibility requirements:

1. Be recognized by TDH;
2. Complete the injury prevention component and trauma treatment protocols for the Trauma System Plan (Note: trauma treatment protocols should at least provide minimum guidelines for EMS agencies to meet while allowing medical directors latitude to exceed as needed);
3. Meet minimum upload requirements: at least 40% of hospitals and at least 40% of EMS providers (note, those providers not providing 911 service or emergency transfers are not subject to this total), or have a regional registry uploading data to the Texas Trauma Registry (this must include both EMS and hospital data); and
4. Provide documentation of an active RAC system PI process during FY01.

2.4 Distribution Plan for EMS/Trauma System Care Account

If a 501c3 RAC plans to distribute each county's funds for EMS providers, a distribution plan must be submitted to TDH before funds will be released. To evaluate the appropriateness of the RAC plan, the following factors will be considered:

- Demonstrated equality to all eligible providers (such factors as varied service area size, emergency run volume, and population may be considered);
- EMS providers' needs should be weighed heavily in this process; and
- Evidence of a consensus opinion of affected entities.

It is the intention of the Bureau to not alter any RAC's distribution plan that meets the above considerations. RACs should remember to account for those eligible providers participating in neighboring TSAs per subsection 2.6 of these policies in this county distribution process.

2.5 Proposed Budget for RAC System Account

If a 501c3 RAC chooses to contract with the state for the RAC's portion of the funds, a proposed budget must be submitted before funds will be released. If the RAC is also submitting a proposal for the Regional EMS/Trauma System Grants and the budget submitted for that proposal is inclusive of these funds, that budget will meet this requirement. To evaluate the appropriateness of the intended use of the RAC portion of the EMS & Trauma Care System Account, the RAC budget will be reviewed considering the following factors:

- Accounts for all EMS/Trauma Care Systems Account funds received by the RAC;
- Must not include any ineligible expenses;
- Use of appropriate RAC mechanism for budgetary planning must be available upon request (i.e. meeting minutes of the executive board or committee with budgetary authority per the bylaws); and
- Program areas receiving funds must be identified by budget category.

Amendments to the budget are allowable based on current RAC needs. However, the BEM funding program staff must be contacted before funds are reallocated to other projects.

2.6 Eligibility of EMS Providers Participating on RACs Other than their TSA

If an EMS provider is licensed in or contracted to provide emergency medical services in a county that is contiguous with a neighboring TSA, that EMS provider may participate on either the RAC for the TSA of their county, or the RAC for the neighboring TSA. Participation on both RACs is encouraged. RAC participation should follow actual patient referral patterns.

If an EMS provider is contracted to provide emergency medical services within a county of any one TSA, and their provider license reflects another county not in or contiguous with that TSA, that provider must be an active member of the RAC for the TSA of their contracted service area and meet that RAC's definition of participation.

2.7 Eligibility of EMS Providers in Counties Other than their County of Licensure

Providers serving any county beyond their county of licensure must provide evidence that they have a contract or letter of agreement with each additional county in which they provide service. Contracts or letters of agreement must be dated prior to September 1, 2001, and be effective through FY02. Providers should submit to TDH only the portions of the contract that includes signatures and effective dates of the service period. Providers who have contracts or letters of agreement on file, and the service date meets the required time period, do not need to resubmit. Providers are responsible for assuring that all necessary portions of their contracts and letters of agreement have been received by TDH. Note subsection 2.8 for exceptions to this contract requirement.

Air Ambulance Providers must meet the same requirements as ground transport EMS Providers in order to be eligible to receive funds from a specific county other than the county in which they are licensed.

2.8 Eligibility of EMS Providers Licensed in Geo-political Sub-divisions that Cross County Lines

EMS providers for geo-political sub-divisions whose borders extend beyond county lines and EMS providers who have contracts with those geo-political sub-divisions may be eligible for funding in all involved counties. Providers in the following instances will be considered eligible in every county containing the geo-political borders in question:

- Municipal emergency medical services providers;
- School District Boundaries;
- Emergency Service District (ESD) Boundaries;
- Hospital District Boundaries;
- Utility District Boundaries; and
- Prison Boundaries.

Services not meeting the above whose routine service is provided in more than one county will be evaluated on a case-by-case basis.

2.9 Pooling of EMS funds

EMS providers may choose to Apool@ or contribute funds for a RAC-specified purpose. To establish a reasonable audit trail, the providers should be given a receipt from the RAC indicating the purpose of the pooled funds (i.e. training program, regional registry, etc.). The report back to the county should also reflect this information. Words like Adonated@ to the RAC should be avoided. Funds for classes, conferences, and other projects must be expended by the RAC with services rendered by August 31, 2002. RACs may not require such pooling as a term of membership participation.

Section 3: UNCOMPENSATED CARE ALLOTMENT

Disbursement of this allotment is based on a competitive process. All designated trauma facilities will have an opportunity to submit a proposal. Proposals may be evaluated based on, but not limited to, completeness; need; amount of uncompensated trauma care; impact of uncompensated trauma care on the facility; and participation in the trauma system, including the state trauma registry. Contracts will be developed with successful applicants to reimburse a portion of the uncompensated trauma care delivered during the timeframe of March 1, 2002 to August 31, 2002. Minimum funding level will be \$2,500.

Section 4: EXTRAORDINARY EMERGENCY ALLOTMENT

Proposals for FY02 will be accepted anytime from September 1, 2001 up to June 30, 2002. Proposals received after that date will be considered for funding in the next fiscal year. Eligible applicants include licensed EMS providers, licensed hospitals, and registered first responder organizations. All applicants must be RAC members. Proposals will be evaluated based on impact to the regional or statewide EMS/Trauma System. Input from the TDH Regional EMS personnel will be strongly considered. All proposals not immediately recommended for funding will be notified and their proposal will be reconsidered at the end of the fiscal year if funding is still available. Proposals that are not considered to be an emergency will be provided with information on other potential sources of funding.